

RECEIVED
FEB 25 2005
DIV. OF OIL, GAS & MINING

CORRECTED AFFIDAVIT OF HEIRSHIP AND IDENTITY

Joyce Murdock, being first duly sworn on her oath, deposes and says:

1. This affidavit is to correct the affidavit dated November 18, 2004 and recorded in Uintah County, Utah in book 906, pages 342-345
2. Affiant is a resident of Ft. Duchesne, Uintah County, Utah
3. Affiant is a relative, to-wit, the wife of Glen Mac Murdock, deceased
4. The decedent died on the 10th day of February, 2002 as a resident of Uintah County, Utah
5. Attached hereto and incorporated herein by reference is a certified copy of the Certificate of Death of the decedent
6. By Section 4 of the Order and Decree of Distribution in Probate No. 1844 before the District Court of Uintah County, which is of record in Uintah County, Utah in book 161, pages 468-69, decedent became the owner of an undivided 1/11 interest in lands described as W $\frac{1}{2}$ E $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$, W $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$, Section 2, Township 2 South, Range 1 East, U.S.M.
7. By section 5 of said probate, which provided for all other assets of the estate not specifically described or after-discovered property to be distributed in equal shares to each of the 11 heirs, decedent became the owner of an undivided 1/11 of all minerals and mineral rights in and to E $\frac{1}{2}$ E $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ of said Section 2, Township 2 South, Range 1 East, U.S.M., as Lula Harris Murdock, the decedent in Probate No. 1884, was also the owner of all minerals and mineral rights in and to said lands by Patent dated April 11, 1960 and recorded in Uintah County in book A74, page 468.
8. Glen Mac Murdock, at the time of his death, owned such undivided 1/11 interests in the lands described above.
9. The heirs of the decedent are as follows:

WIFE	SON	SON	DAUGHTER
Joyce Murdock	Mac E. Murdock	Robbin Murdock	Saundria Whitmer
HC 67 Box 100	HC 67 Box 105	P.O. Box 732	Rt. 3 Box 3383
Ft. Duchesne, Utah 84026	Ft. Duchesne, Utah 84026	Ft. Duchesne, Utah 84026	Myton, Utah 84052

10. The decedent died more than three (3) years prior to the date of this affidavit and consequently no administration of said decedent's estate may be conducted as provided in Section 75-3-107 of the Utah Uniform Probate Code. The purpose of this affidavit is to establish title in the heirs of the decedent as provided in Section 75-3-901, Utah Uniform Probate Code.

Further, Affiant sayeth not.

Dated this 25th day of February, 2010.

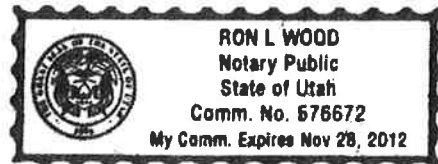
Joyce Murdock
Joyce Murdock

STATE OF UTAH)
COUNTY OF Duchesne)ss.

On this 25th day of February, 2010 before me, the undersigned Notary Public in and for said County and State, personally appeared JOYCE MURDOCK [() personally known to me] [(X) proved to me on the basis of satisfactory evidence] to be the person whose name has subscribed to this instrument and acknowledged to me that she executed it.

Witness my hand and official seal

Ron L Wood



STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

801116
2007
1-10

LOCAL FILE NUMBER 24-019

STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST Glen Mac Murdock		2 SEX Male	3a DATE OF DEATH (Mo. Day, Yr.) February 10, 2002	3b TIME OF DEATH (24 Hr. Clock) 0700
4 DATE OF BIRTH (Mo. Day, Yr.) June 24, 1925		5 AGE, Last Birthday 76	6 BIRTHPLACE (City & State or Foreign Country) Whiterocks, Utah	7 SOCIAL SECURITY NUMBER 528-24-9035
8a PLACE OF DEATH (Other than home) <input type="checkbox"/> 1 Inpatient <input type="checkbox"/> 2 Outpatient <input type="checkbox"/> 3 DCA <input type="checkbox"/> 4 Other (Specify)		8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 2000 No. Lapoint road		
9a CITY, TOWN OR LOCATION OF DEATH Ft. Duchesne		9b COUNTY OF DEATH Uintah		
10 WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		11 MARITAL STATUS <input checked="" type="checkbox"/> 1 Never Married <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Divorced		
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done; Do NOT enter retired) Rancher		12b KIND OF BUSINESS OR INDUSTRY Ag. & Livestock		
13a RESIDENCE STREET AND NUMBER 2000 No. Lapoint Road		13b CITY, TOWN OR COMMUNITY Ft. Duchesne	13c COUNTY Uintah	13d STATE Utah
14 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		15 RACE - Black, White, Am. Indian (This may be entered as Japanese, etc. (Specify)) Amer. Indian		
16 EDUCATION (Specify grade completed; Elementary or Secondary (1-12) College (13-16) or 17+		12		
17 FATHER'S NAME (First, Middle, Last) Glen Murdock		18 MOTHER'S NAME (First, Middle, Last) Lula Harris		
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Joyce Murdock (wife); HC 67 Box 100; Ft. Duchesne, Utah 84026				
20 METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1 Burial <input type="checkbox"/> 2 Donation <input type="checkbox"/> 3 Cremation <input type="checkbox"/> 4 Other (Specify)		21a DATE OF DISPOSITION Feb 13, 2002		
21b PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Ft. Duchesne Cemetery		21c LOCATION (City, Town, State) Ft. Duchesne, Utah		
22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>John H. Mullinger</i>		23 LICENSE NUMBER 22-113706		
24 FUNERAL HOME (Name and address) Hullinger Mortuary 457 E. 300 No. (104-15) Roosevelt, Utah 84066		25 DATE DECEASED WAS LAST EXAMINED BY CERTIFYING PHYSICIAN 1/24/02		
26 CERTIFYING PHYSICIAN <input checked="" type="checkbox"/> 1 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner(s) stated.		27 MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner(s) stated.		
28 SIGNATURE AND TITLE OF CERTIFIER <i>Barry E. Nangle</i>		29 LICENSE NUMBER 91-184227-1205		
30 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Type/Print) Paul J. Ebert, MD; P. O. Box 160; Ft. Duchesne, Utah 84026		31 DATE REGISTRAR NOTIFIED OF DEATH (Mo. Day, Yr.) February 12, 2002		
32 REGISTRAR'S SIGNATURE <i>Joseph B. Shaffer, M.A., M.B.A.</i>		33 DATE FILED (Mo. Day, Yr.) February 12, 2002		
34 PART I (ENTER THIS DISEASE, INJURY, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.) Respiratory failure Small cell carcinoma of lung Sarcoidosis				
35 IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory failure Small cell carcinoma of lung Sarcoidosis				
36 SEQUENTIALLY LIST CONDITIONS, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. CCPD				
37 PART II (Enter Smoking Conditions contributing to death, but not resulting in the underlying cause given in Part I) CCPD		38 IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input checked="" type="checkbox"/> 1 Probably contributed to the cause of death <input type="checkbox"/> 2 Was the underlying cause of death <input type="checkbox"/> 3 Did not contribute to the cause of death <input type="checkbox"/> 4 Is unknown in relation to the cause of death		
39 WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		40 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORNER HIGH OF CAUSE OF DEATH? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		
41 MANNER OF DEATH <input checked="" type="checkbox"/> 1 Natural <input type="checkbox"/> 2 Accidental <input type="checkbox"/> 3 Suicide <input type="checkbox"/> 4 Homicide <input type="checkbox"/> 5 Undetermined (Suspected, or Accidental)		42 DATE OF INJURY (Mo. Day, Yr.) 2/4/02		
43 TIME OF INJURY (24 Hour Clock) 2:00		44 PLACE OF INJURY (Name of place, street, city, town, county, and state) 2000 No. Lapoint road		
45 LOCATION (Street or rural route number, city or town, county, and state) 2000 No. Lapoint road		46 NATURE OF INJURY (Specify if motor vehicle accident, specify if firearm or other weapon) Small cell carcinoma of lung		
47 DESCRIBE HOW INJURY OCCURRED (Include engine or vehicle, and the vehicle involved in injury. NATURE OF INJURY must be defined in Part I)				

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued **FEB 12 2002**

Barry E Nangle

COUNTY HEALTH DEPARTMENT

Barry E Nangle

DIRECTOR OF VITAL RECORDS

Registrar

By *Barry E Nangle*

LL1006201



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

